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COVER LETTER

TO:	Registration Se Division of Cor				
CUBIE		IVESTMENT TEAM LLC			
SUBJE	UI:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		MANDA HO			
			Name of Person		
		SMART INVESTMENT	TEAM LLC		
			Firm/Company		
		4978 SUNRISE BLVD			
			Address	· · · · · · · · · · · · · · · · · · ·	
		ORLANDO, FL 32803			
			City/State and Zip Code	······································	
		YVONNEYANCPA@GMA		· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	ner information c	oncerning this matter, please ca	all:		
YVON	NE YAN		407 250-4858 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART INVESTMENT TEAM L	LC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L13000034392	iability Company	were filed on MARCH 06, 2013	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the al	obreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4978 SUNRISE BLVD ORLANDO, FL 32803			
Enter new mailing address, if applicable:		4978 SUNRISE BLVD			
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32803			
B. If amending the registered agent and registered agent and/or the new registered o			The name of the new		
Name of New Registered Agent:	MANDA HO		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
New Registered Office Address: 4978 SUNRISE		BLVD			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

ORLANDO

f Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	STEVEN DANIEL MCMAHON	4978 SUNRISE BLVD	
		ORLANDO, FL 32803	Remove
			☐ Change
MGRM	JIANDONG YE	4433 TWINVIEW LANE	Add
		ORLANDO, FL 32814	■ Remove
			Change
			Add
			☐ Remove
			□ Change
		THE THEORY AND ADDRESS OF THE PARTY OF THE P	Add
			Remove
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			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change

To the date, if other than the date of filing: AUGUST 11, 2015 (optional) August 11, 2015 (optional) Fective date, if other than the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.020 object 10 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a neument's effective date on the Department of State's records. The 90th day after the record is filed. August 11 Signature of a member of auditorized representative of a member.	,				
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Filing Fee: \$25.00